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| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | | | U.S. Paten are required to respond to a collection Application Number Filing Date First Named Inventor Art Unit Examiner Name | st and Trop of info 09/662, Septem Rogelia 3624 | | | | | | | | |
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| Total Number of | Pages in This Submission | 19 | Attorney Docket Number | SHIH, S | | | | | | | | |
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| | SIGNA | TURE O | F APPLICANT, ATTORNI | EV O | PAGENT | r | | | | | | |
| Firm or Individual name Signature | Gary R Stanford, Reg. No. | | Jany 1 | Ita | ford | • | | | | | | |
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| I hereby certify the sufficient postage the date shown be Typed or printed r | at this correspondence is be as first class mail in an envelow. | eing facsin | ATE OF TRANSMISSION nile transmitted to the USPTO or ressed to: Commissioner for Pate | deposit | ed with the | United 0, Alexa | States Postal Service with andna, VA 22313-1450 on | | | | | |
| Signature | Deena Beasley | u P | reasley- | Date | Date February 9, 2004 | | | | | | | |

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| for EV 2004 | | Filing Date | | | February 9, 2004 | | , | | | |
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| Effective 10/01/2003. Patent fees are subject to annual revision. | Examiner Name | | | me | SHIH, Sally | | 8 | | | |
| ✓ Applicant claims small entity status. See 37 CFR 1.27 | Art Unit | | | | 3624 | Trans. | ~~ ; | | | |
| TOTAL AMOUNT OF PAYMENT (\$) 55.00 | | Attorney Docket No. | | | 11570.0004 | Carry C. | 2 | | | |
| METHOD OF PAYMENT (check all that apply) | | | | FEE (| CALCULATION (continued) | CT. | 04 | | | |
| Check Credit card Money Other None | 3. ADDITIONAL FEES | | | | | | | | | |
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| Deposit Account Gary R Stanford | 1052 | 50 | 2052 | | urcharge - late provisional filing fee or over sheet | | | | | |
| Name The Director is authorized to: (check all that apply) | 1053 | 130 | 1053 | | on-English specification | | | | | |
| Charge fee(s) indicated below Credit any overpayments | 1812 | 2,520 | 1812 2 | ,520 Fc | or filing a request for ex parte reexamin | nation | | | | |
| Charge any additional fee(s) or any underpayment of fee(s) | 1804 | 920* | 1804 | 920* R | equesting publication of SIR prior to xaminer action | | | | | |
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| to the above-identified deposit account. | 1251 | 110 | 2251 | | extension for reply within first month | | 55.00 | | | |
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| 1. BASIC FILING FEE Large Entity Small Entity | 1253 | 950 | 2253 | 475 E | extension for reply within third month | | | | | |
| Fee Fee Fee Fee Fee Description Fee Paid Code (\$) | 1254 | 1,480 | 2254 | 740 E | extension for reply within fourth month | | • • | | | |
| 1001 770 2001 385 Utility filing fee | 1255 | 2,010 | 2255 | 1,005 E | xtension for reply within fifth month | | · · · · · · · · · · · · · · · · · · · | | | |
| 1002 340 2002 170 Design filing fee | 1401 | 330 | 2401 | 165 N | lotice of Appeal | | | | | |
| 1003 530 2003 265 Plant filing fee | 1402 | 330 | 2402 | 165 F | iling a brief in support of an appeal | | | | | |
| 1004 770 2004 385 Reissue filing fee | 1403 | 290 | 2403 | 145 R | lequest for oral hearing | | | | | |
| 1005 160 2005 80 Provisional filing fee | | 1,510 | | | etition to institute a public use proceed | ing | | | | |
| SUBTOTAL (1) (\$) | 1452 | | 2452 | 55 P | etition to revive - unavoidable | | | | | |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE | | 1,330 | 2453 | | Petition to revive - unintentional | | | | | |
| Fee from Extra Claims below Fee Paid | 1501 1502 | 1,330 480 | 2501 2502 | | Itility issue fee (or reissue) Design issue fee | | - | | | |
| Total Claims X JETOW TOTAL | 1502 | | 2502 | | Plant issue fee | | | | | |
| Independent - 3** = X = - | 1460 | | 1460 | | Petitions to the Commissioner | | | | | |
| Multiple Dependent | 1807 | | 1807 | 50 P | Processing fee under 37 CFR 1.17(q) | | | | | |
| Large Entity Small Entity | 1806 | 180 | 1806 | 180 S | ubmission of Information Disclosure St | tmt | | | | |
| Fee Fee Fee Fee <u>Fee Description</u> Code (\$) Code (\$) | 8021 | 40 | 8021 | 40 R | ecording each patent assignment per | | | | | |
| 1202 18 2202 9 Claims in excess of 20 | 1809 | | 2809 | pı pı | roperty (times number of properties) | | | | | |
| 1201 86 2201 43 Independent claims in excess of 3 | .500 | | 2000 | | 37 ČFR 1.129(ā)) | | | | | |
| 1203 290 2203 145 Multiple dependent claim, if not paid 1204 86 2204 43 ** Reissue independent claims | 1810 | 770 | 2810 | | or each additional invention to be xamined (37 CFR 1.129(b)) | | | | | |
| 1204 86 2204 43 ** Reissue independent claims over original patent | 180 | 1 770 | 2801 | 385 F | Request for Continued Examination (R | CE) | | | | |
| 1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent | 1802 | 900 | 1802 | | Request for expedited examination of a design application | | | | | |
| SUBTOTAL (2) (\$) | | r fee (sp | | | | | | | | |
| **or number previously paid, if greater; For Reissues, see above | *Red | luced by | Basic Fi | ling Fee | Paid SUBTOTAL (3) (\$) | | 55.00 | | | |
| SUBMITTED BY (Complete (if applicable)) | | | | | | | | | | |
| Name (Print/Type) Gary R Stanforth | | Registra | tion No. | 35.6 | 89 Telephone (512) 47 | <i>1</i> -76 | 78 | | | |

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Signature

Gary R Stanford